

• USE BLACK BALL POINT PEN, PRESS FIRMLY, USE HARD BACKING •

Form # YPD-2 (10/79)		YONKERS POLICE DEPARTMENT INCIDENT REPORT		INCIDENT CLASSIFICATION		INCIDENT CODE	
SPECIAL DISTRIBUTION: <input type="checkbox"/> YOUTH UNIT <input type="checkbox"/> PUBLIC HEALTH <input type="checkbox"/> PUBLIC WORKS <input type="checkbox"/> DET. DIVISION <input type="checkbox"/> OTHER				1. INCIDENT NUMBER 87345		2. INCIDENT TYPE SAFE KEEPING	
3. WHEN REPORTED M 7 D 17 Y 07 T 1351		4. LOCATION OF OCCURRENCE 40 S BOWAY				5. SECTOR 401	
6. WHERE REPORTED (If different than #4) STAIRS				7. TIME OF OCCURRENCE M 7 D 17 Y 07 T 1330		8. COPY TO CORPORATION COUNSEL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. No of Subjects 1		10. COMPLAINANT'S NAME (last, first, middle) RO. PAUL WOOD		11. COMPLAINANT'S ADDRESS 53 S DOWNWARD PL YONKERS NY.			
12. AGE/D.O.B.		13. RACE		14. SEX		15. PLACE OF EMPLOYMENT/SCHOOL ATTENDING	
						16. RES. PHONE	
						17. BUS. PHONE 377 7900	
18. PERSONS INVOLVED: Indicate with proper codes each persons relation to this incident or the complainant. R-Reporting Person; W-1 Witness No. 1; W-2 Witness No. 2; PG-Parent/Guardian; NK-Next of Kin; PK-Person Knowledgeable. (Use Narrative if required)							
INTERVIEWED YES NO							
19. NAME SUNDAY		20. AGE		21. HOME ADDRESS UNK		22. PHONES (Res./Bus.)	
INJURY		23. NATURE OF INJURY/ILLNESS		24. CAUSE		25. HOSPITAL	
D.O.A.						ADMITTED <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. LAST SEEN ALIVE M D Y T		27. BY WHOM		28. ATTENDING PHYSICIAN		29. TIME DEATH PRONOUNCED M D Y T	
30. WHERE DEATH PRONOUNCED		31. PRONOUNCING PHYSICIAN		32. MEDICAL EXAMINER NOTIFIED (Time/Name)		33. WHERE BODY TAKEN	
MISSING PERSON		34. FOUL PLAY SUSPECTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35. HEIGHT		36. WEIGHT	
37. EYES		38. HAIR (color, length, style)		39. FACIAL HAIR		40. SCARS, MARKS, TATOOS	
41. CLOTHING		42. PHYSICAL CONDITION		43. MENTAL CONDITION		44. PROBABLE DESTINATION	
45. MISSING PREVIOUS. <input type="checkbox"/> Yes <input type="checkbox"/> No		46. DESCRIPTION OF ANIMAL (color, breed, etc.)		47. LICENSE NO. (if any)		48. OWNER	
49. RESIDENCE ADDRESS (Owner's)		50. RES. PHONE (Owner's)		51. DISPOSITION		52. TYPE OF PROPERTY <input type="checkbox"/> LOST <input checked="" type="checkbox"/> FOUND	
53. MAKE/MODEL		54. COLOR BLUE		55. SERIAL NUMBER		56. IDENTIFYING CHARACTERISTICS THE WESTCHESTER GUARDIAN.	
OTHER INCIDENT		57. BRIEFLY DESCRIBE NEWSPAPER BOXES LEFT AT CITY HALL - REMOVED FOR SAFE KEEPING.					
58. NARRATIVE: Additional information which is an extension of the above boxes; Names of assisting officers; Action taken. REPRESENTATIVES OF THE WESTCHESTER GUARDIAN PLACED TO NEWSPAPER BOXES AT CITY HALL. THE PRIDALE IDENTIFIED AS SUNDAY AND HER UNIDENTIFIED MITLE BOSS WERE INFORMED, THAT FOR SECURITY REASONS THE BOXES COULD NOT BE LEFT ON CITY HALL PROPERTY. THEY WERE ASKED TO REMOVE THEM. THEY WERE ALSO TOLD IF THEY DID NOT REMOVE THEM, THE BOXES WOULD BE REMOVED AND PROPERTY CLERKED FOR SAFE KEEPING. THEY REFUSED TO REMOVE THE BOXES. BOXES PROPERTY CLERKED FOR SAFE KEEPING.							
RELATED ALARM NUMBER		59. CONNECTED INCIDENT NUMBERS		60. REQUIRED FOLLOW-UP/RECOMMENDATION INACTIVE			
61. REPORTING OFFICERS (Name) RO. Paul Wood		Shield No's. 407		62. NOTIFICATION REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No		63. NOTIFICATION BY:	
				64. CERTIFIED BY Det. Brian M. [Signature]		CONCUR? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

TYPEWRITTEN ONLY	CITY OF YONKERS POLICE PROPERTY & EVIDENCE UNIT
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 EVIDENCE X SAFE-KEEPING FOUND
 INDICATE TYPE OF CRIME:

C & R # 07-87345 D.D. # LAB # NARCO #

DATE: 7/17/07 PLACE OF OCCURRENCE: 40 South Broadway

OFFICERS ASSIGNED:

LAST NAME Wood

FIRST Paul

SHIELD 427

RANK P.O.

COMMAND 4

LAST NAME

FIRST

SHIELD

RANK

COMMAND

PRISONERS LAST NAME	FIRST	DOB	ADDRESS	CHARGE
#1				
#2				
#3				
VICTIM:				PHONE
OWNER: The Westchester	Gaurdian			
FINDER:				

REMARKS: BRIEFLY EXPLAIN WHY THE PROPERTY WAS TAKEN INTO CUSTODY:
 Boxes removed from City Hall Due to them being 9/11 security risk

SIGNATURE OF REPORTING OFFICER <u>P.O. Paul Wood</u>		SHIELD <u>427</u>	DATE <u>7/17/07</u>	CERTIFIED BY: <u>[Signature]</u> # <u>19</u>	SHIELD <u>19</u>	DATE <u>07/17/07</u>
SIGNATURE OF DESK OFFICER <u>[Signature]</u>		SHIELD <u>55</u>	DATE <u>7/18/07</u>	DELIVERED TO PROPERTY CLERK BY: <u>[Signature]</u>	SHIELD <u>18</u>	DATE <u>7/18/07</u>
ITEM NO.	QUANTITY	*0*	ARTICLE	U.S. CURRENCY ONLY	PROPERTY BUREAU'S DISPOSITION FOR P.B. USE ONLY	
1	2		Blue newspaper boxes (metal)	<u>2</u>		
0 INDICATE IF PROPERTY BELONGS TO "PRISONER" OR "V" VICTIM				TOTAL		
I ACKNOWLEDGE HAVING RECEIVED THE FOLLOWING ITEMS FROM THE PROPERTY UNIT: ITEMS #				FOR PROPERTY USE ONLY		
CLAIMANT'S SIGNATURE:				ARTICLES RECEIVED ON: <u>JUL 18 2007</u>		
PRINT NAME				RECEIVED BY: <u>[Signature]</u>		
ADDRESS				LOCATION: <u>3rd FLOOR</u>		
PHONE				PROPERTY BAG #		
PROPERTY CLERK OFFICER PROP CLK2(1/95)				PROPERTY CLERK # <u>07Y2790</u>		